



999 WEST VALLEY ROAD
WAYNE, PENNSYLVANIA 19087
215-687-9510

8701-61-18

ORIGINAL
(Red)

June 15, 1987
R-585-3-7-38
68-01-7346

Mr. Harold Byer
U.S. Environmental Protection Agency
841 Chestnut Building
Ninth and Chestnut Streets
Philadelphia, PA 19107

Subject: Final Report
TDD No. F3-8701-61
SKF Industries, Incorporated, Specialty Bearing Division
Philadelphia, Pennsylvania

Dear Mr. Byer:

Submitted herewith is a final Preliminary Assessment report for the subject project. Based on our review of available data, we have concluded that EPA should consider the following:

- o No further action should be taken by EPA at this site.

The SKF Specialty Bearing Division is an active manufacturing facility located in Philadelphia, Pennsylvania. A variety of precision ball and roller bearings are manufactured for the aerospace industry at the facility.

According to John F. North, manager of Plant Safety and Environmental Affairs, the following wastes are generated at the plant: waste oil and water, waste III trichloroethane, waste petroleum naptha, waste sodium nitrite mixed/fused with potassium nitrate, and waste sodium hydroxide solution. The company's waste oil and water contains barium and chromium and is shipped by Eldridge, Incorporated to Research Oil Company in Cleveland, Ohio (see attachment 3). The waste petroleum naptha and waste III trichloroethane are transported by AMO Pollution Services, Incorporated to the Safety Kleen Corporation in Hebron, Ohio (see attachment 4). The waste sodium nitrite that is mixed and fused with potassium nitrate is transported by two companies: Environmental Transport Group, Incorporated and Mola T/A Mitchko Trucking to the CECOS International, Incorporated facility in Niagara Falls, New York (see attachment 5). The waste sodium hydroxide solution is transported by Environmental Transfer Corporation to Advanced Technology Corporation, of Mount Olive, New Jersey. The manifest for this material was not available at the time of this writing. All wastes that are generated are stored, transported, and disposed according to RCRA guidelines. There have been no spills or leaks of waste at the plant. No wells exist on the property.

Mr. Harold Byer
U.S. Environmental Protection Agency
June 15, 1987 - Page 2
SKF Specialty Bearing Division Final Preliminary Assessment

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On February 26, 1987, NUS FIT 3 personnel David Doran and Thomas Fromm performed a preliminary assessment of the SKF Specialty Bearing facility. Access was granted by Mr. C. William McGlocklin, Corporate Environmental specialist for the company. FIT 3 was accompanied on site by Mr. Frank A. Reale, General Production supervisor, and Mr. North.

If you have any further questions, please contact me.

Respectfully submitted,

Reviewed by,

Approved by,

for Thomas W. Fromm
David D. Doran
Environ. Technician

Thomas W. Fromm
Thomas Fromm
Assistant Manager

for Thomas W. Fromm
Garth Glenn
Regional Operations
Manager, FIT 3

DDD/lmc

Attachments

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION III

841 Chestnut Building
Philadelphia, Pennsylvania 19107

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SUBJECT: Request Assistance from FIT Office

DATE: 5/27/87

FROM: Peter Kho, Environmental Engineer
Site Investigation Section (3HW23)

TDD # FB-3701-601

TO: Butch Byer, FIT Region Project Officer
Site Investigation Section (3HW23)

I. SITE NAME: SKF Industries (97-815)
DSN

II. LOCATION: Philadelphia, PA

III. WORK ASSIGNMENT:

☒ Preliminary Assessment
☐ Site Inspection
☐ Hazard Ranking System
☐ Toxicology Assessment
☐ Enforcement Support

☐ Recon
☐ Re-Sampling/Full Field Investigation
☒ Peer Review Corrections/Finalize
☐ Other (See VI below)

IV. PRIORITY:

☒ High (*) ☐ Medium ☐ Low

V. PREFERRED DEADLINE:

Date:

VI. EXPLANATION OF TASK (* To include justification for high priority):

Finalize the PA.
If any questions arise contact me or
Reed Rice.

VII. To be completed by FIT RPO only:

Task complete date by FIT: June 22-87

Hours allocated:

Butch
6/10/87

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ATTACHMENT 1

1.A. COST CENTER: Region 3		FIT ZONE I CONTRACT CONTRACT NO. 68-01-7346 TECHNICAL DIRECTIVE DOCUMENT (TDD)		2. NO.: F3-8701-61 2.A.: <input checked="" type="checkbox"/> NEW ASSIGNMENT <input type="checkbox"/> AMENDMENT
1.B. ACCOUNT NO.: S575PAH2PA		ORIGINAL (Red)		
3.A. PRIORITY: <input checked="" type="checkbox"/> HIGH <input type="checkbox"/> MEDIUM <input type="checkbox"/> LOW	4.A. ESTIMATE OF TECHNICAL HOURS: 60 80	5.A. SSID NO.:	6. DESIRED REPORT FORM <input checked="" type="checkbox"/> FORMAL REPORT <input type="checkbox"/> LETTER REPORT <input type="checkbox"/> FORMAL BRIEFING <input type="checkbox"/> OTHER (SPECIFY):	
3.B. KEY EPA CONTACT: NAME: L. Acker PHONE: 597-3165	4.B. ESTIMATE OF SUBCONTRACT COST:	5.B. EPA SITE NAME: PA-815 / SKF Ind. Inc. Spec. Bearing Div.	7.A. START DATE: 02/87	7.B. ESTIMATED COMPLETION DATE: 04/10/87 DRAFT
5.C. CITY/COUNTY/STATE: Philadelphia, Philadelphia, PA.				
8. TYPE OF ACTIVITY: <input checked="" type="checkbox"/> PA <input type="checkbox"/> SI <input type="checkbox"/> ESI <input type="checkbox"/> HRS SUPPORT <input type="checkbox"/> QA SUPPORT <input type="checkbox"/> SPECIAL STUDIES <input type="checkbox"/> ENFORCEMENT SUPPORT <input type="checkbox"/> TRAINING <input type="checkbox"/> EQUIPMENT MAINTENANCE <input type="checkbox"/> GENERAL TECHNICAL ASSISTANCE <input type="checkbox"/> PROGRAM MANAGEMENT				
9. GENERAL TASK DESCRIPTION: Conduct a Preliminary Assessment of the subject site.				
10. SPECIFIC ELEMENTS: 1.) Review background information. 2.) Contact state and local agencies for relevant information. 3.) Arrange for site access. 4.) Conduct a brief on and off site inspection to determine potential sample locations. 5.) Prepare and submit preliminary assessment report including proposed sampling plan and rationale, if applicable. All work on this project to be performed according to: WP-PA-1, Rev. 1.			11. INTERIM DEADLINES:	
<input type="checkbox"/> ADDITIONAL SCOPE ATTACHED				
12. COMMENTS: <div style="display: flex; justify-content: space-between;"> State Code 042 County Code 101 </div>				
13. AUTHORIZING: <input type="checkbox"/> RPO <input type="checkbox"/> DPO <input type="checkbox"/> PO <div style="text-align: center;">(SIGNATURE)</div>			14. DATE:	
15. RECEIVED BY: <input type="checkbox"/> ACCEPTED <input type="checkbox"/> ACCEPTED WITH EXCEPTIONS (ATTACH) <div style="text-align: center;">(CONTRACTOR FITOM SIGNATURE)</div>			16. DATE:	

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ATTACHMENT 2

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ATTACHMENT 3



PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL RESOURCES
Division of Hazardous Waste Management
P. O. Box 2063
Harrisburg, PA 17120

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ER-SWM-51:Rev.5/84

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2000-0404. Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. PAD 0 0 0 0 0 0 0 1 9 0	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address SKF INDUSTRIES INC 5400 TULIP STREET, PHILA. PA 19124				A. State Manifest Document Number PAB 00902193		
4. Generator's Phone (215) 533 5800				B. State Gen. ID SAME		
5. Transporter 1 Company Name KLDRIE INC		6. US EPA ID Number PAD 0 1 4 1 4 6 1 7 9		C. State Trans. ID PA-AH 0-0-56		
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone 215 436 4749		
9. Designated Facility Name and Site Address RESEARCH OIL CO 2655 TRANSPORT RD, CLEVELAND, OHIO 44115		10. US EPA ID Number LOHD 0 0 4 1 7 8 6 1 2		E. State Trans. ID PA-AH		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) WASTE OIL AND WATER ORM-E NA 9189		12. Containers No. Type 1 TT		13. Total Quantity 5 000	14. Unit Wt/Vol G	
					I. Waste No. D 0 0 5	
					D 0 0 7	
J. Additional Descriptions for Materials Listed Above (include physical state and hazard code)				K. Handling Codes for Wastes Listed Above		
a.		c.		a.		
b.		d.		b.		
15. Special Handling Instructions and Additional Information						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations, and all applicable State laws/regulations.						
Printed/Typed Name JOHN F. NORTH		Signature <i>John F. North</i>		Date 12/16/86		
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature <i>Michael E. Owens</i>		Date 12/16/86		
Printed/Typed Name MICHAEL E. OWENS		Signature		Date		
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		Date		
Printed/Typed Name		Signature		Date		
19. Discrepancy Indication Space						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name PAT OSTROSKI, LAG		Signature <i>Pat Ostroski LAG</i>		Date 12/16/86		

PAB 00902193

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ATTACHMENT 4

Division of Hazardous Waste Management
P. O. Box 2063
Harrisburg, PA 17120

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ATTACHMENT 5

PRESS HARD—You Are Writing Through Eight Copies

(See Reverse Side for Instructions)

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48-14-1 (4/85)



STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE
HAZARDOUS WASTE MANIFEST
P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved. OMB No. 2000-0404. Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA No. <i>PA0000000019006003</i>		Manifest Document No. <i>PA</i>		2. Page 1 of 1		Information in the shaded areas is not required by Federal Law.	
3. Generator's Name and Mailing Address <i>SKF Aerospace Division 5400 Tulip St. Philadelphia, Penna. 19124</i>		4. Generator's Phone <i>(215) 533-5800</i>		A. State Manifest Document No. <i>NY A 342520 7</i>		B. Generator's ID <i>Same</i>			
5. Transporter 1 (Company Name) <i>Environmental Transport Group Inc</i>		6. US EPA ID Number <i>WJD000692061</i>		C. State Transporter's ID <i>PAAH0104</i>		D. Transporter's Phone <i>(201) 347-8200</i>			
7. Transporter 2 (Company Name) <i>Mola T/A Mitchko Trucking</i>		8. US EPA ID Number <i>WJD002279262</i>		E. State Transporter's ID <i>NYJAO20</i>		F. Transporter's Phone <i>(201) 334-3700</i>			
9. Designated Facility Name and Site Address <i>CECCS International Inc. 56th St. & Niagara Blvd. Niagara Falls, New York 14302</i>		10. US EPA ID Number <i>WYD080336241</i>		G. State Facility's ID <i>N/A</i>		H. Facility's Phone <i>(716) 282-2676</i>			
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)				12. Containers		13. Total Quantity		14. Unit	
a. <i>Waste Sodium Nitrite Mixed/Fused with Potassium Nitrate Oxidizer (RQ100/45.4) UN1487</i>				No. Type <i>155 DM 217600 P</i>		Quantity <i>217600</i>		Unit <i>P</i>	
b. <i></i>									
c. <i></i>									
d. <i></i>									
J. Additional Descriptions for Materials listed Above <i>Heat Treating S/I a. <i>Salts E/Dec-Bottom Topped w/ Vermiculite</i></i>				K. Handling Codes for Wastes Listed Above		a. <input checked="" type="checkbox"/>		c. <input type="checkbox"/>	
b. <i></i>				b. <input type="checkbox"/>		d. <input type="checkbox"/>			
15. Special Handling Instructions and Additional Information <i>Packing Slips Attached For Classification of Material (Transportation Only) Transporter #1 - NJ 570THX Transporter #2 - NJ 570THX WO# 176714</i>									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations. Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002 (b) of RCRA, I also certify that I have a program in place to reduce volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.									
Printed/Typed Name <i>DAVID T. MATTERSHEAD</i>				Signature <i>[Signature]</i>		Mo. Day Year <i>12/24/86</i>			
17. Transporter 1 (Acknowledgement of Receipt of Materials)				Printed/Typed Name <i>James Dresel</i>		Signature <i>[Signature]</i>		Mo. Day Year <i>12/24/86</i>	
18. Transporter 2 (Acknowledgement or Receipt of Materials)				Printed/Typed Name <i></i>		Signature <i></i>		Mo. Day Year <i></i>	
19. Discrepancy Indication Space									
20. Facility Owner or Operator Certification									

NYA 342520 7

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ATTACHMENT 6

City of Philadelphia
Department of
Licenses & Inspections
P.O. BOX 53360
Philadelphia, Pa. 19105

DISPLAY PROMINENTLY

if required by law

AIR POLLUTION 2067 298
HEAT TREAT
5400 TULIP
TTI1W7H7H7H4J-N

ST

THIS LICENSE IS GRANTED TO THE PERSON AND LOCATON FOR THE PURPOSE STATED ABOVE
IT IS SUBJECT TO IMMEDIATE CANCELLATION BY THIS DEPARTMENT FOR VIOLATIONS OF
CITY ORDINANCES AND REGULATIONS.

LICENSE CODE	LICENSE NO.	BUSINESS TAX	EXPIRES LAST DAY OF	CURRENT FEE	DELINQUENT FEE	PENALTY	TOTAL
3216	745422		10/87	150.00			150.00



SKF INDUSTRIES INC
5400 TULIP
PHILADELPHIA, PENN 19124

ST

PAY THIS AMOUNT 150.00

ON OR BEFORE 11/15/86

If not paid on time, a penalty will be charged
at a rate of 1.5% per month

NOT GOOD UNLESS VALIDATED HERE BY CASHIER

FaRiale

City of Philadelphia
Department of
Licenses & Inspections
P.O. BOX 53360
Philadelphia, Pa. 19105

DISPLAY PROMINENTLY

if required by law

AIR POLLUTION 2067 298
PRECISION AIRCRAFT BEARING
5400 TULIP
TTI9X8X7W1R1F1C1H-I

ST

THIS LICENSE IS GRANTED TO THE PERSON AND LOCATON FOR THE PURPOSE STATED ABOVE
IT IS SUBJECT TO IMMEDIATE CANCELLATION BY THIS DEPARTMENT FOR VIOLATIONS OF
CITY ORDINANCES AND REGULATIONS.

LICENSE CODE	LICENSE NO.	BUSINESS TAX	EXPIRES LAST DAY OF	CURRENT FEE	DELINQUENT FEE	PENALTY	TOTAL
3216	779032		10/87	150.00			150.00



SKF INDUSTRIES INC
5400 TULIP
PHILADELPHIA, PENN 19124

ST

PAY THIS AMOUNT 150.00

ON OR BEFORE 11/15/86

If not paid on time, a penalty will be charged
at a rate of 1.5% per month

NOT GOOD UNLESS VALIDATED HERE BY CASHIER

City of Philadelphia
Department of
Licenses & Inspections
P.O. BOX 53350
Philadelphia, Pa. 19105

DISPLAY PROMINENTLY

if required by law

AIR POLLUTION 2067 298
LARGE BEARINGS
5400 TULIP
TTI9X9X1X2C1W1F-I

ST

THIS LICENSE IS GRANTED TO THE PERSON AND LOCATON FOR THE PURPOSE STATED ABOVE
IT IS SUBJECT TO IMMEDIATE CANCELLATION BY THIS DEPARTMENT FOR VIOLATIONS OF
CITY ORDINANCES AND REGULATIONS.

LICENSE CODE	LICENSE NO.	BUSINESS TAX	EXPIRES LAST DAY OF	CURRENT FEE	DELINQUENT FEE	PENALTY	TOTAL
3216	779031		10/87	150.00			150.00



SKF INDUSTRIES INC
5400 TULIP
PHILADELPHIA, PENN 19124

ST

PAY THIS AMOUNT 150.00

ON OR BEFORE 11/15/86

If not paid on time, a penalty will be charged
at a rate of 1.5% per month

NOT GOOD UNLESS VALIDATED HERE BY CASHIER

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ATTACHMENT 7

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F3-8701-61



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 1 - SITE INFORMATION AND ASSESSMENT

I. IDENTIFICATION

01 STATE 02 SITE NUMBER
PA 815

II. SITE NAME AND LOCATION

01 SITE NAME (Legal, common, or descriptive name of site) SKF Industries, Inc., Specialty Bearing Div.		02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER 5400 Tulip Street				
03 CITY Philadelphia		04 STATE PA	05 ZIP CODE 19124	06 COUNTY Philadelphia	07 COUNTY CODE 101	08 CONG DIST PA03
09 COORDINATES LATITUDE 40° 00' 50" . _		LONGITUDE 75° 04' 00" . _				
10 DIRECTIONS TO SITE (Starting from nearest public road) Take I-76 east to I-95 north. Exit at Aramingo Avenue. Follow to Harbison Avenue. Make a right on Tulip Street. The entrance is on the right side down Tulip Street.						

III. RESPONSIBLE PARTIES

01 OWNER (If known) SKF Industries, Inc., Specialty Bearings Div.		02 STREET (Business, mailing, residential) 5400 Tulip Street			
03 CITY Philadelphia		04 STATE PA	05 ZIP CODE 19124	06 TELEPHONE NUMBER (215) 265-1900	
07 OPERATOR (If known and different from owner)		08 STREET (Business, mailing, residential)			
09 CITY		10 STATE	11 ZIP CODE	12 TELEPHONE NUMBER ()	
13 TYPE OF OWNERSHIP (Check one) <input checked="" type="checkbox"/> A. PRIVATE <input type="checkbox"/> B. FEDERAL <input type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input type="checkbox"/> E. MUNICIPAL <input type="checkbox"/> F. OTHER: _____ (Specify) <input type="checkbox"/> G. UNKNOWN					
14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply) <input type="checkbox"/> A. RCRA 3001 DATE RECEIVED: ____/____/____ MONTH DAY YEAR <input type="checkbox"/> B. UNCONTROLLED WASTE SITE (CERCLA 103 c) DATE RECEIVED: ____/____/____ MONTH DAY YEAR <input checked="" type="checkbox"/> C. NONE					

IV. CHARACTERIZATION OF POTENTIAL HAZARD

01 ON SITE INSPECTION <input type="checkbox"/> YES DATE ____/____/____ MONTH DAY YEAR <input checked="" type="checkbox"/> NO		BY (Check all that apply) <input type="checkbox"/> A. EPA <input type="checkbox"/> B. EPA CONTRACTOR <input type="checkbox"/> C. STATE <input type="checkbox"/> D. OTHER CONTRACTOR <input type="checkbox"/> E. LOCAL HEALTH OFFICIAL <input type="checkbox"/> F. OTHER: _____ (Specify) CONTRACTOR NAME(S): _____			
02 SITE STATUS (Check one) <input checked="" type="checkbox"/> A. ACTIVE <input type="checkbox"/> B. INACTIVE <input type="checkbox"/> C. UNKNOWN		03 YEARS OF OPERATION BEGINNING YEAR: 1950 ENDING YEAR: Present <input type="checkbox"/> UNKNOWN			
04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED Waste petroleum naptha, waste III trichloroethane, waste sodium nitrite mixed/fused with potassium nitrate, waste oil and water, waste sodium hydroxide solution.					
05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION No hazard to environment or population.					

V. PRIORITY ASSESSMENT

01 PRIORITY FOR INSPECTION (Check one. If high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents) <input type="checkbox"/> A. HIGH (Inspection required promptly) <input type="checkbox"/> B. MEDIUM (Inspection required) <input type="checkbox"/> C. LOW (Inspect on time available basis) <input checked="" type="checkbox"/> D. NONE (No further action needed, complete current disposition form)			
--	--	--	--

VI. INFORMATION AVAILABLE FROM

01 CONTACT Lorie Acker		02 OF (Agency Organization) EPA		03 TELEPHONE NUMBER (215) 597-3165	
04 PERSON RESPONSIBLE FOR ASSESSMENT David D. Doran		05 AGENCY NUS	06 ORGANIZATION FIT 3	07 TELEPHONE NUMBER (215) 687-9510	08 DATE 03 / 19 / 87 MONTH DAY YEAR

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POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER
PA 815

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 ☐ A GROUNDWATER CONTAMINATION 02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED _____ 04 NARRATIVE DESCRIPTION

None observed or reported

01 ☐ B SURFACE WATER CONTAMINATION 02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED _____ 04 NARRATIVE DESCRIPTION

None observed or reported

01 ☐ C CONTAMINATION OF AIR 02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED _____ 04 NARRATIVE DESCRIPTION

City of Philadelphia License Nos. 745422, 779031, and 779031.

01 ☐ D FIRE EXPLOSIVE CONDITIONS 02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED _____ 04 NARRATIVE DESCRIPTION

None observed or reported

01 ☐ E DIRECT CONTACT 02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED _____ 04 NARRATIVE DESCRIPTION

None observed or reported

01 ☐ F CONTAMINATION OF SOIL 02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
03 AREA POTENTIALLY AFFECTED _____ (Acres) 04 NARRATIVE DESCRIPTION

None observed or reported

01 ☐ G DRINKING WATER CONTAMINATION 02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

None observed or reported

01 ☐ H WORKER EXPOSURE/INJURY 02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
03 WORKERS POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

None observed or reported

01 ☐ I POPULATION EXPOSURE/INJURY 02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

None observed or reported

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(Red)
JMD

POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER
PA 815

II. HAZARDOUS CONDITIONS AND INCIDENTS (Continued)

01 ☐ J. DAMAGE TO FLORA
04 NARRATIVE DESCRIPTION02 ☐ OBSERVED (DATE: _____)☐ POTENTIAL☐ ALLEGED

None observed or reported

01 ☐ K. DAMAGE TO FAUNA
04 NARRATIVE DESCRIPTION (Include names of species)02 ☐ OBSERVED (DATE: _____)☐ POTENTIAL☐ ALLEGED

None observed or reported

01 ☐ L. CONTAMINATION OF FOOD CHAIN
04 NARRATIVE DESCRIPTION02 ☐ OBSERVED (DATE: _____)☐ POTENTIAL☐ ALLEGED

None observed or reported

01 ☐ M. UNSTABLE CONTAINMENT OF WASTES
(Spills, runoff, standing liquids, leaking drums)
03 POPULATION POTENTIALLY AFFECTED: _____02 ☐ OBSERVED (DATE: _____)☐ POTENTIAL☐ ALLEGED

04 NARRATIVE DESCRIPTION

None observed or reported

01 ☐ N. DAMAGE TO OFFSITE PROPERTY
04 NARRATIVE DESCRIPTION02 ☐ OBSERVED (DATE: _____)☐ POTENTIAL☐ ALLEGED

None observed or reported

01 ☐ O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs
04 NARRATIVE DESCRIPTION02 ☐ OBSERVED (DATE: _____)☐ POTENTIAL☐ ALLEGED

None observed or reported

01 ☐ P. ILLEGAL, UNAUTHORIZED DUMPING
04 NARRATIVE DESCRIPTION02 ☐ OBSERVED (DATE: _____)☐ POTENTIAL☐ ALLEGED

None observed or reported

05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS

None

III. TOTAL POPULATION POTENTIALLY AFFECTED: 0

IV. COMMENTS

V. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis reports)

NUS FIT 3 file.